



**Office of the Regional Administrator / Region I**

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June 6, 2002

Jane A. Hayward, Director  
Department of Human Services  
600 New London Avenue  
Cranston, Rhode Island 02920

Dear Ms. Hayward:

I am pleased to inform you that your revised request to renew your home and community-based services waiver for individuals with mental retardation or developmental disabilities as authorized under the provisions at section 1915(c) of the Social Security Act (the Act) is approved. This waiver renewal is assigned control number 0162.90.R2, which should be used in any future correspondence. Copies of the approved waiver pages are enclosed.

You submitted your waiver request to continue to provide case management, specialized homemaker services, residential habilitation, day habilitation, supported employment, respite, homemaker services, environmental accessibility adaptations, specialized medical equipment and supplies, and adult foster care as part of your renewal. You have requested approval of two additional services, personal care services and emergency response services. You will provide these services to eligible individuals who would otherwise require the level of care provided in an intermediate care facility for the mentally retarded. You will continue to waive the amount, duration and scope of services requirements set forth in section 1902(a)(10)(B) of the Act, and the institutional income and resource rules for the medically needy at section 1902(a)(10)(C)(i)(III).

The waiver is currently operating in a 90-day extension period. Based on the assurances and information you have provided, I am approving the State's waiver renewal as requested, effective July 1, 2001. The temporary extension periods will therefore be subsumed in the first renewal year.

The waiver renewal is based upon your agreement to provide home and community-based services up to the number of individuals in Factor C and the per capita estimated expenditures in Factor D. If at any time during the five-year waiver, the actual number of individuals and/or expenditures exceed your projected estimates, please contact the regional office to determine whether an amendment to this waiver should be submitted.

The following estimates of utilization and cost of waiver services have been approved for the renewal:

	<u>C</u>	x	<u>D</u>	<u>TOTAL</u>
Year 1 (7/1/2001 – 6/30/2002)	3,392		\$57,242	\$194,163,989
Year 2 (7/1/2002 – 6/30/2003)	3,592		\$59,695	\$214,423,804
Year 3 (7/1/2003 – 6/30/2004)	3,792		\$62,444	\$236,787,909
Year 4 (7/1/2004 – 6/30/2005)	3,992		\$65,393	\$261,049,788
Year 5 (7/1/2005 – 6/30/2006)	4,192		\$67,935	\$284,785,023

The waiver renewal request conforms fully to the requirements of the statute and Medicaid regulations. We appreciate the effort and cooperation provided by you and your staff. If you have any questions, please call Nancy Grano at (617) 565-1695.

Sincerely yours,

Lynda F. Silva,  
Acting Regional Administrator

Enclosure

cc:

John Young,

Paul McCann

Mary Jean Duckett, CMS

RI MD-S-270